

# ACCESS TECHNOLOGIES INTERNATIONAL, INC. "ATI"

## RETURN AUTHORIZATION FORM

***Please read the following instructions carefully!***

Requests for RA must be submitted by completing this form in its entirety and faxed to 414-289-3129. Once you have received your RA number, you will have **15 days** to return the product.

**All returns must be:**

- **Shipped in original packaging,**
- **Include all material originally shipped with the product (manual, power cord, etc),**
- **Visibly reference the RA number on the outside of the box,**
- **Include a copy of the RA request form and be shipped to:**

Access Technologies Int'l., Inc.  
c/o RMA Department  
840 N. Third St., Suite 600  
Milwaukee, WI 53203

Any product shipped to our facility without a valid RMA number will be refused. Any product that is shipped back without original power cords, software, etc may be given partial credit. A 35% restocking fee may be assessed on product returned within terms of warranty.

**Company:** \_\_\_\_\_

**Model:** \_\_\_\_\_

**Serial No.:** \_\_\_\_\_

**Company Purchased from (if other than ATI):** \_\_\_\_\_

**Purchase Order ID:** \_\_\_\_\_ **Date of Purchase ID:** \_\_\_\_\_

**Reason for return (Please Be Specific):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please check one of the following:**

- I wish to receive a replacement for this RMA.
- I wish to obtain an RMA for Repair.

***Your RA # is:*** \_\_\_\_\_

***Date Issued:*** \_\_\_\_\_

**\*Customer Information:**

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_